



ST. JOHN'S C.E. SCHOOL

Crescent Road, Friern Barnet, London N11 3LB
Tel : 020 8368 1154
Fax : 020 8361 5039
Email: office@stjohnsn11.barnetmail.net

SUPPLEMENTARY INFORMATION FORM

The information requested on this form is in line with Borough and Diocesan guidelines.

Child's Surname.....Child's Christian /Forenames.....

Address.....

.....Post Code..... Home Tel. No.....

Mobile phone no/s.....

Email address.....

Child's Date of Birth.....

Mother's Name.....

Father's Name.....

Reference of Church Attendance

This part of the form must be filled in by your Parish Priest, Church Minister or Faith Leader

1. What is the name of the place of worship they normally attend?

2. How long have they worshipped there?.....

3. Do they attend (please tick appropriately):
weekly () regularly () occasionally () seldom () never ()

Signed..... Dated.....

Full name

Position held

Address.....

Telephone number Email address.....

Nb. Regular worship means attendance at church services at least twice a month for a minimum period of two years.

Are there other children in the family attending St. John's School? Yes () No ()

If 'Yes' please give their names and dates of birth.....

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Admission to the school will depend upon the number of applications received and places will be offered according to the governors' Admission Criteria.

Applications are considered in January of every year so that Governors may be able to award places in the school for the following academic year. **Please ensure that you return this application form at the latest by the 12th January in the preceding year of possible admission.** If you have any questions regarding the application deadline, please contact the school for clarification.

Please ensure that **ALL** sections of this form are fully and correctly completed before returning the application.

Signed.....

Dated.....

Please attach to this application PHOTOCOPIES of the following:

Proof of your child's date of birth;

Proof of your address eg: a utility bill

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED _____

ACKNOWLEDGEMENT SENT _____

SEEN & CHECKED:

Proof of date of birth

Utility Bill